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ABSTRACT

This paper addresses issues regarding the hyperactive child, the impulsive child, and the low frustration tolerance child. It points out the subjectivity involved in identifying children as hyperactive, and outlines various forms of hyperactivity: the child who is in constant movement, the child who manages control in school but exhibits whirlwind behavior at home, the child who is well-behaved until something upsets the routine, the child whose behavior gradually deteriorates over a period of time, and the child who is adversely affected by change. A list is offered of factors to consider in assessing the child's behavior. The frustration tolerance of parents and teachers is also a factor. Avenues which can be explored to improve the situation include examining the child's diet; examining the child's emotional world; examining the duration, frequency, and intensity of the behavior; trying preventative measures; using medication; using behavior modification; providing structure in the form of a highly organized, rigid, systematic environment; consulting a physician; and ensuring that parents take care of their own health. (JDD)

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Children, Hyperactivity and Low Frustration Tolerance

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Abstract

A most prevalent concern of parents, teachers and relevant others is that of "hyperactivity". This paper reviews this condition and related disorders (short attention span, low frustration tolerance, impulsivity) and offers some suggestions to assist parents, teachers and other child-care professionals.

One of the most prevalent complaints from teachers, parents and step-parents regarding children is that their child is "hyper" or hyperactive. This term, recently re-defined as "attention deficit disorder" is problematic for the classroom teacher and for parents. The term itself, generally encompasses a morass of various behaviors which are difficult for significant adults to address. These behaviors may include the following:

1. Incessant or excessive talking or question asking.
2. Inordinate movements, motion, running, walking, waving of hands and motor movement.
3. "Acting out" behavior involving crying, screaming, tantrum-like actions, yelling, throwing objects and the like.
4. Problematic inter-personal relationships which include fighting, teasing, and "bullying".
5. Engaging in impulsive behavior, i.e., acting apparently without thinking or engaging in "stupid" behavior such as touching wedding cakes in bakeries or engaging in socially inappropriate behaviors.
6. "Loud" screaming, yelling or crying behaviors or excessive movements which include flailing of arms, throwing things, talking and so forth.

In reviewing the above, one can see that many components of the above are very subjective. What "excessive talking" is for 47-year-old mother, may be normal for a 24-year-old mother. A mother with 5 or 6 children may find the behavior of her seventh child very draining, either due to her advancing age or due to the demands placed on her by her other

children. Likewise, a mother who holds a full time job may find the demands for attention from her child inordinate given her depleted energy. Further, single parents, with no mate to "spell" them for awhile may feel most overwhelmed by the activity level of kids.

Teachers, too, may have unrealistic expectations regarding the behavior of students. Classrooms may also reach a "point of diminishing returns". A classroom with 37 students is more difficult to manage than a class of 25 children. Often, removing only one child may make a major difference to a classroom. That one child may irritate others, initiate problems, tease peers and such behaviors often cause a "ripple effect" - and annoy others. Further, such problems "snowball" into larger problems.

Certain children have idiosyncratic behaviors or seek inordinate amounts of attention. Others are talkative in unstructured settings or "fidgety" in the late afternoon. Still other children may manifest bizarre behavior not worthy of the diagnosis of "hyperactive" but perhaps more indicative of childhood "schizophrenia". The bottom line of this discussion is that "hyperactivity" and "attention deficit disorder" are most vague, nebulous terms which should be used judiciously and with a critical eye. There are many aspects to "hyperactive" behavior, some of which will now be addressed.

Forms of "Hyperactive Behavior"

There are several different forms of "hyperactivity", if you will. One type is the child/student who truly is in constant movement from the time he/she gets up (interestingly very few girls are referred for

"hyperactivity") until the time that he/she goes to bed at night.

A second type seems to awaken like a normal child, goes off to school, performs well from 8 to 3 then hits the home front like a veritable tornado. They manage control in school, then whirlwind behavior begins as they enter the front door.

Thirdly, we have the "incident-related" hyperactive child. This child is well behaved until something or someone upsets the routine. A principal enters the classroom, a promised trip to McDonald's is thwarted by events and the child goes "off the wall".

Often, the "gradually deteriorating child" will be found. He or she starts the day well, but as the day goes on becomes "antsy" and unable to sit still. In school, some children last till noon or one in the afternoon and then their behavior deteriorates. Other kids start the school year off well, but after Christmas break they have trouble concentrating, paying attention and their grades deteriorate.

Still other children are most adversely affected by change - a change in teachers, a divorce, a new home, a new sibling, a new routine or a new procedure in class. Certain "antecedents" may bring about "excessive" energy or movements. The child going to the store, a class trip or some other new or different occurance may initiate or bring about "hyperactive" behavior. Often, what is labeled "hyperactivity" is merely a child's natural curiosity, wonder, and excitement about the world. The child may be having a relatively new experience - one which we should not stifle. It becomes important for teachers and parents to ascertain if there is a pattern to the child's behavior. In line with this, one must examine the consequences of the child's behavior - what are the

"payoffs"? Is the child being inadvertently reinforced? What does the child escape from by their behavior?

All too often, a child gets what he or she wants (candy, soda, etc.) or gets to "escape" to what he or she wants (typically the television). Television is a passive "babysitter" which does little to enhance the cognitive abilities and cognitive structures of the child. The child does not have to use his/her imagination as the "idiot box" provides visually for the child. Watching television is a return to the womb phenomenon for many children. They passively sit and receive, and minimally interact. The child is quiet and well behaved - but only in front of the T.V. or VHS/Beta. They neglect reading, and they suffer academically in school, and later in life.

Some Questions

In order to accurately assess the child's behavior, a few questions are in order:

1. Does the child have a daily productive outlet or channel for his/her energy?
2. Does he/she have an opportunity to play sports, walk about, engage in hobbies or interests?
3. Is this behavior only seen on Saturdays and Sundays? (or when school is not in session?)
4. Does the child have a stimulating environment and materials to play with or objects to interest him/her?
5. Finally, do parents allot time to interact with their child? Is there a special time when parent and child can interact face to

face sans interruption? Parents must honestly respond to these questions and evaluate their own frustration, tolerance and patience.

The Parents' and Teachers' Frustration Tolerance

Often, children are not hyperactive, but parents/teachers could be diagnosed as having low frustration tolerance. In plain English, they lack patience. They lack the patience to deal with children, and the concomitant noise, aggravation, turmoil and chaos that children typically bring with them. They believe children should be seen and not heard, and that kids should be silent, subservient, submissive and docile. Well, lots of luck - ain't gonna make it. Teachers with low frustration tolerance might consider possibly a vocation change if they are not willing to deal with changing their own behaviors and attitudes. Children respond to the actions of the teacher. Children typically are curious, have a high energy level and are demanding of attention. With many children, their energy can be channelled into play, sports, hobbies, chores, school and other activities. Dominance can destroy the child's creativity and possibly the child's zest, enthusiasm and motivation if it is too great. With others, their interest and attention wanes quickly and they become bored. Gifted children often learn quickly and become bored quickly and need new, exciting challenges.

Although children look adorable when they belong to someone also, they become "hyper" when they are your own and grow up.

Some Avenues to be Explored

There are several areas which bear investigation relative to the so-called "hyperactive" child.

First, the child's diet should be examined. Too much sugar and "junk food" may cause problems. Feingold (1975) has written on the effects of food additives and other non-natural substances in our foods. Cott's "orthomolecular treatment" has been used with learning disabled children (1985). Somekh (1979) has indicated that food additives and specific allergies may be responsible for problematic behavior.

Secondly, the child's emotional world should be inspected. Does he/she have friends, relate well to others, have nightmares, enuresis, encopresis, eat well, act in an age-appropriate manner, have difficulty in school? Some of these problems can be the result of "super-structured" dominant, insensitive teachers or parents with the child reaching out for caring attention and getting any kind of attention he/she can get - positive or negative. All too often kids get attention - but at what long term cost.

Third, three domains should be investigated, i.e., duration (How long has the child been "hyper"?); frequency (How often is the "Climbing of the Walls"?) and intensity (How problematic is the behavior on an on-going basis?). These three areas must be closely scrutinized in terms of the "hyperactive" realm. Further "emotional disturbance" should be clearly discriminated from "hyperkinesis".

Fourth, what preventative measures have been tried (if any)? Some parents believe they have no control over their child's behavior and no influence over their kid's actions. Sometimes simple commands such as

"stop" and "no" can be effective, along with consistency so the child knows what to expect of his/her environment and what is expected from him/her on a daily basis. Alerting a child to changes in routine can also help them adjust. Jogging, playing basketball/tennis/softball and getting a child involved in community sports activities can also be helpful.

Drugs - there has been much debate about the use, disuse and abuse of drugs in treating children. Some parents strenuously object, others seek large amounts. Many parents stick to the prescription regimen; others ignore it and dispense on an "as needed" basis. Parents who medicate on an "as needed" basis may be defeating the purpose of the medication. Many medications need to be given over a period of time to build up in the child's system before the medication is fully effective, and then it can be given as needed. No one seems to agree on whether to medicate or not, or how often if it is to be used. Some research shows facilitative effects of drugs, with other research, the results are inconclusive. However, given the limitations of teachers in an over-crowded, over-worked, under-supported mileau, drugs appear to be a viable option, and a much sought after one. However, it is fair to say that drugs should be used only after all other channels have been explored and have been found ineffective.

Behavior Modification - the basic premise of behavior modification (B-Mod) is that behavior which is rewarded/reinforced tends to increase. In schools, "time on task" behavior is rewarded. Often "study carrels" are used to minimize distraction. These programs work well in a highly structure one-on-one classroom situation. Unfortunately, when the child

hits the home front, the structure breaks down and parents have difficulty methodically reinforcing behavior. Frustration sets in and reinforcement falls by the wayside and "Mr. Belt" instead becomes the disciplinary agent.

Structure as Treatment

Many would question the use of "structure" as a treatment for "hyperactivity". However, in a disorganized, chaotic environment, children are apt to be insecure, anxious, and thus, "hyper". If a parent is inconsistent, gives mixed messages and is volatile one day, spoiling the next, behavioral problems may arise. Some children, not knowing what will happen next in their home may express their apprehension with disruptive behavior. In the classroom, when direction and the teacher are missing, the "devil's workshop" appears.

By structure, we mean a highly organized, rigid, systematic environment. The child knows exactly what he/she is to do and exactly when he/she is to do it. In the home, if a fairly smooth routine is followed day in and day out, the child knows what is expected of him/her and what he/she can expect from their environment. The child's free time is filled with meaningful activities. Any deviation of plans or routine is discussed beforehand so as not to "set off" or cause undue consternation. A behavioral psychologist can assist in formulating a schedule of activities both active and sedentary. Much planning of course, is required. For some kids every minute, of every hour, of every day must be planned for and supervision provided. This is, of course, time consuming, and emotionally draining for the parents.

L. F. T. (and other problems)

All too often "hyperactive" behavior is the result of low frustration tolerance (L.F.T.) or mistaken for it. A child with L.F.T. wants what he/she wants, when they want it, typically immediately. These "my way or no way children" may have been spoiled earlier in life or may just have a defiant, oppositional gene in their genetic make-up. They demand inordinate amounts of attention, are frustrating and often negativistic. Coupled with a parental martinet, the result is a battle of wills and a veritable power struggle.

The L.F.T. child requires much patience, attention and devotion on the part of the parent. Parents must take the time to slowly, clearly and specifically explain reasons and decisions to their children. Appropriate, adult-like mature behavior must be indicated as desired. Problem areas should be avoided or discussed beforehand (i.e., no, I will not buy Fruit Loops or candy in the grocery store, so don't ask or cry when you don't get them.) Some children continually "nag" until parents "give in". The parent, seeking peace, just "gives in", not realizing they are escalating the problem. Some children are relentless and tenacious and cause much grief to their non-patient parents. The result if, of course, a "problem child". The problem child may be defiant, insolent, withdrawn, oppositional, and have a very negative attitude. counseling for the child and family therapy may be indicated.

Impulsive Children

A variant of both the L.F.T. child and the "hyper" child is the impulsive child who behaves first and thinks later. Their primary

modality is behavior and their behavior tends to get them into trouble. They rarely bother to evaluate the consequences of their behavior and must almost be "kept on a leash" as one parents described her child. Impulsive children run first, ask permission later. Pent up energy spills out at the least provocation. This impulsivity is a detrimental factor at school also, and mimics the "hyperactive" syndrome. The impulsive child jumps up with the "right" answer to every question. These children are difficult to talk to as they are "off and running" before directions are given.

Medical Consultation

At some point, a family practice physician, a pediatrician or a psychologist/psychiatrist may be necessary. Many specialize in childhood disorders. Others have extensive experience in helping parents cope with such difficulties. Early intervention is, of course, desirable. All too often parents wait, hoping the child will "grow out of it", and problems worsen and discipline becomes increasingly more difficult. Allergies should be eliminated as possible causes. Other conditions which may exacerbate behavioral problems can be addressed.

The Health of the Parent

The physical condition of the parent must not be neglected. In order to rear children, energy, stamina and patience are necessary. Parents must eat three square meals a day, procure sufficient sleep, and in general, be able to compete with a child or children perhaps twenty years younger than themselves. This is especially important for the single

parents who has no one with whom to share these demands. The single parents has no one to "spell" them for short periods of time or to alleviate stress/tension. A fifty pound overweight 37-year-old parents will find it difficult to "keep up with" a 7-year-old dynamo. To label such a spark plug as "hyper" belies the reality of the situation. As people age, they may require more sleep, and it may take longer to get going in the morning. They may begin to fatigue earlier. They may be anemic or diabetic. This causes fatigue and difficulty in parenting. Parents may be "burnt-out" on parenting. They may unrealistically expect their 12 or 14 year old child to function independently and autonomously, and to fend for themselves. Because boys and girls mature at different rates, and maturational lags exist, some children remain children into adolescent years. Other children are precocious and are responsible, reliable offspring. Often parents have had a hand in this growth/development, other times nature simply controls things.

Summary and Conclusions

This paper has attempted to address some of the issues regarding the "hyper" child, the impulsive child and the L.F.T. child. None of these children are "bad" or malevolent, but require different disciplinary strategies and much patience on the part of the parent. Efforts were made to discriminate between different problem areas and recommendations offered for coping with said problems.

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